U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 467	2. Fiscal Year Covered From:			
7 - 0	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Elizabeth M Williamson	Name International Brotherhood of Teamsters			
	Labor Organization File Number 2000 9 3			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3735 Upland Drive	Street 25 Louisiana Avenue, NW			
City Marietta	City Washington			
State Georgia ZIP Code + 4 30066	State District of Columbia ZIP Code + 4 20001			
5. Position in labor organization. International Project Organizer				
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			

(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.				
Name						
		None				
Trade Name, if any:		9				
P.O. Box, Bldg., Room No., if any						
		7.b. Amount.				
Street						
Street						
City						
State	ZIP Code + 4					

Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Signed	On	7/25/2005 Date	202-497-2181 Telephone Number				